

**Missouri Cancer Registry  
Radiation Oncology Directory Update Form**

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Columbia MO 65205

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Toll free: (866) 240-8809  
Email: ecclestond@health.missouri.edu  
Website: http://mcr.umh.edu

Facility # (FIN): \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

*For MCR Use Only*

**ADMINISTRATIVE FACILITY INFORMATION**

Facility Name:		Address (Street or PO Box):	
City, State, Zipcode		Main Phone and Fax:	NPI Number:
Administrator (with title & credentials):		Department:	Phone:
Main contact:		Title:	Department:
Main Contact Phone:	Main Contact Fax:	Main Contact Email:	
Alternate contact: (please include title and department)	Alternate contact phone:	Alternate contact email:	

**FACILITY-SPECIFIC INFORMATION**

**Patient Information Accessed by:**

- Handwritten radiation oncology log books
  - Would you like more information on computerizing your patient log using Excel or Access files?
  
- Electronic files
  - Which software program/vendor do you use?  
\_\_\_\_\_
  - What format is available for exported data (ex., txt file, xls file, etc.)?  
\_\_\_\_\_
  - Does your Information System retrieve diagnostic information?
    - Yes     No

**If Yes, check all that apply:**

- ICD-9     CPT
- Free text     Other

**Comments:**